

# Proof of Immunization & Immunization Exemption

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
First Middle Initial Last

**IT IS AN ADMISSION REQUIREMENT OF ALL STUDENTS OF CALVARY UNIVERSITY TO SUBMIT THESE PROOF-OF-IMMUNIZATION RECORDS PRIOR TO REGISTRATION.**

Please check one (1) of the following:

- I have received the required immunizations, am attaching one of the proofs of immunization\*, and have completed the Proof of Immunization box below.
- I am applying for exemption from the required immunizations and have completed the Proof of Exemption box below.
- I am applying for exemption from some but not all of the required immunizations. I am attaching one of the proofs of immunization\* and have completed both the Proof of Immunization and Proof of Exemption boxes below.

## PROOF OF THE FOLLOWING IMMUNIZATIONS ARE REQUIRED FOR ADMISSION:

1. For all students born after 1956, verification of administration of a second MMR (measles, mumps, and rubella) immunization must be given. Please provide month, day, and year.

First MMR: \_\_\_\_\_ Second MMR: \_\_\_\_\_

2. For all students, verification of Td, DTP, or TDAP (tetanus/diphtheria/pertussis) vaccine. (MUST be within the last ten years) Please provide month, day, and year.

Td/DTP/TDAP: \_\_\_\_\_

3. For all students, verification of Meningococcal (Meningitis) vaccine. Please provide month, day, and year.

Meningococcal: \_\_\_\_\_

## PROOF OF EXEMPTION FROM THE FOLLOWING IMMUNIZATIONS ARE REQUIRED FOR ADMISSION:

I understand that Calvary University requires the following vaccinations for admissions, and I am applying for an exemption from the following vaccinations based on medical or religious rationale (please attach rationale). For a medical condition precluding immunization, please also attach a statement from a physician.

MMR                                       Td/DTP/TDAP                                       Meningococcal

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Exemption approved: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Calvary University  
Student Services  
15800 Calvary Road  
Kansas City, MO 64147-1341

\* The proofs of immunization documents consists of a copy of any *one* of the following documents: a personal record signed by a health-care giver, or a personal record signed by a physician, or a clinic report, or school immunization record. Do not give us an original of any of these documents.